

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA

MARINA GREEN

VS.

MICHAEL MUKASEY, Attorney General,  
Department of Justice; MICHAEL CHERTOFF,  
Secretary of the Department of Homeland  
Security; ROBERT S. MUELLER, III, Director  
of the United States Federal Bureau of  
Investigation and the UNITED STATES  
CITIZENSHIP AND IMMIGRATION  
SERVICES, Chula Vista Sub Office;  
and the UNITED STATES CITIZENSHIP  
AND IMMIGRATION SERVICES

Case No. '08 CV0130 JM LSP

DECLARATION OF SERVICE

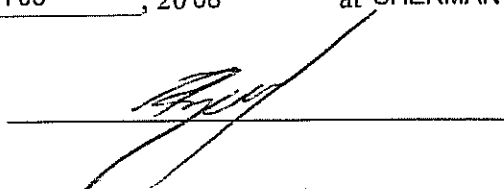
Person Served:  
United States Attorneys Office

Date Served:  
03/03/08

I, the undersigned declare under penalty of perjury that I am over the age of eighteen years and not a party to this action; that I served the above named person the following documents: COMPLAINT, SUMMONS, CIVIL CASE COVER SHEET and CERTIFICATION in the following manner: (check one)

- 1) By personally delivering copies to the person served.
- 2) By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to ther person served at the place where the copies were left.
- 3) By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of his office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left.
- 4) ☒ By placing a copy in a separate envelope, with postage fully prepaid, for each address named below and depositing each in the U.S. Mail at SHERMAN OAKS, CA on MARCH 03 , 20 08 .

Executed on MARCH 03 , 20 08 at SHERMAN OAKS, CALIFORNIA



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA

MARINA GREEN

VS.

MICHAEL MUKASEY, Attorney General,  
Department of Justice; MICHAEL CHERTOFF,  
Secretary of the Department of Homeland  
Security; ROBERT S. MUELLER, III, Director  
of the United States Federal Bureau of  
Investigation and the UNITED STATES  
CITIZENSHIP AND IMMIGRATION  
SERVICES, Chula Vista Sub Office;  
and the UNITED STATES CITIZENSHIP  
AND IMMIGRATION SERVICES

Case No. '08 CV 0130 JM LSP

DECLARATION OF SERVICE

Person Served:  
STEVEN BUTCHER

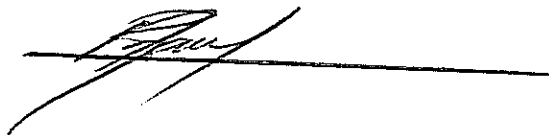
Date Served:  
02/19/08

I, the undersigned declare under penalty of perjury that I am over the age of eighteen years and not a party to this action; that I served the above named person the following documents: COMPLAINT, SUMMONS, CIVIL COVER SHEET and CERTIFICATION in the following manner: (check one)

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- 4) ☒ By placing a copy in a separate envelope, with postage fully prepaid, for each address named below and depositing each in the U.S. Mail at SHERMAN OAKS CA on FEBRUARY 19, 20 08

Executed on FEBRUARY 20, 20 08

at SHERMAN OAKS, CALIFORNIA



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA

MARINA GREEN

VS.

MICHAEL MUKASEY, Attorney General,  
Department of Justice; MICHAEL CHERTOFF,  
Secretary of the Department of Homeland  
Security; ROBERT S. MUELLER, III, Director  
of the United States Federal Bureau of  
Investigation and the UNITED STATES  
CITIZENSHIP AND IMMIGRATION  
SERVICES, Chula Vista Sub Office;  
and the UNITED STATES CITIZENSHIP  
AND IMMIGRATION SERVICES

Case No. '08 CV 0130 JM LSP

DECLARATION OF SERVICE

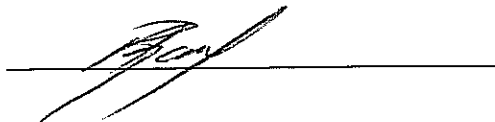
Person Served:  
MICHAEL MUKASEY

Date Served:  
02/19/08

I, the undersigned declare under penalty of perjury that I am over the age of eighteen years and not a party to this action; that I served the above named person the following documents: COMPLAINT, SUMMONS, CIVIL COVER SHEET and CERTIFICATION in the following manner: (check one)

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Executed on FEBRUARY 20, 20 08 at SHERMAN OAKS, CALIFORNIA



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA

MARINA GREEN

VS.

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Department of Justice; MICHAEL CHERTOFF,  
Secretary of the Department of Homeland  
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CITIZENSHIP AND IMMIGRATION  
SERVICES, Chula Vista Sub Office;  
and the UNITED STATES CITIZENSHIP  
AND IMMIGRATION SERVICES

Case No. '08 CV 0130 JM LSP

DECLARATION OF SERVICE

Person Served:  
MICHAEL CHERTOFF

Date Served:  
02/19/08

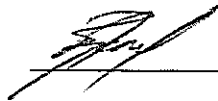
I, the undersigned declare under penalty of perjury that I am over the age of eighteen years and not a party to this action; that I served the above named person the following documents:

COMPLAINT, SUMMONS, CIVIL COVER SHEET and CERTIFICATION  
in the following manner: (check one)

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Executed on FEBRUARY 20, 20 08

at SHERMAN OAKS, CALIFORNIA



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA

MARINA GREEN

vS.

MICHAEL MUKASEY, Attorney General,  
Department of Justice; MICHAEL CHERTOFF,  
Secretary of the Department of Homeland  
Security; ROBERT S. MUELLER, III, Director  
of the United States Federal Bureau of  
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CITIZENSHIP AND IMMIGRATION  
SERVICES, Chula Vista Sub Office;  
and the UNITED STATES CITIZENSHIP  
AND IMMIGRATION SERVICES

Case No. '08 CV 0130 JM LSP

DECLARATION OF SERVICE

Person Served:  
ROBERT MEULLER, III

Date Served:  
02/19/08


I, the undersigned declare under penalty of perjury that I am over the age of eighteen years and not a party to this action; that I served the above named person the following documents:

COMPLAINT, SUMMONS, CIVIL COVER SHEET and CERTIFICATION  
in the following manner: (check one)

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- 4) ☒ By placing a copy in a separate envelope, with postage fully prepaid, for each address named below and depositing each in the U.S. Mail at SHERMAN OAKS CA on FEBRUARY 19, 20 08 .

Executed on FEBRUARY 20, 20 08

at SHERMAN OAKS, CALIFORNIA



U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
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 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ **FEB 20 2008**  
 Certified Fee  
 Return Receipt Fee  
 (Endorsement Required)  
 Restricted Delivery Fee  
 (Endorsement Required)  
 Total Postage & Fees \$

Postmark Here  
*(Carey + Chamber copy of endorsement)*

Sent To  
 Hon. Jeffrey T. Miller US District Court  
 Street, Apt. No., 940 Front Street  
 or PO Box No. 940 Front Street  
 City, State, ZIP+4 San Diego, CA 92101  
 PS Form 3811, August 2005 See reverse for instructions

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Hon. Jeffrey T. Miller  
 United States District Court  
 940 Front Street  
 San Diego, CA 92101  
*(Carey + Chamber copy)*

2. Article Number  
 (Transfer from service label)  
 7006 2760 0000 1619 5778  
 PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent  
☐ Addressee

B. Received by (Printed Name) *[Name]* C. Date of Delivery **FEB 25 2008**

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-02-M-1540



U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only. No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$	Postmark Here  (Complaint)
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To  
 Street, Apt. No.,  
 or PO Box No. 300 W. Los Angeles, Rm. 6212  
 City, State, ZIP+4 Los Angeles CA 90012  
 PS Form 3811, April 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Steven Butcher            300 W. Los Angeles            Room 6212            Los Angeles, CA 90012</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p>	
<p>2. Article Number            (Transfer from service label)</p> <p>7006 2760 0000 1619 5754</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL RECEIPT</b> <i>(Domestic Mail Only. No Insurance Coverage Provided.)</i> <small>For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a></small>	
<b>OFFICIAL USE</b>	
Postage \$	03-03-08 (Compl's mkt)
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent to  
**US Attorney's Office - Attn: Civil Pro. Clerk**  
 Street, Apt. No.,  
 or PO Box No. **880 Front St. Room 6293**  
 City, State, Zip+4 **San Diego, CA 92101-8813**

Postmark Here

9586 9296 0000 0892 2002

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Agent <i>[Signature]</i> <input type="checkbox"/> Addressee B. Received by (Printed Name) <b>SILVA, J.</b> C. Date of Delivery <b>MAR 05 2008</b> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: <b>United States Attorney's Office</b> <b>880 Front Street</b> <b>Room 6293</b> <b>San Diego, CA 92101-8813</b> <b>Attn: Civil Processing Clerk</b>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <b>7007 2680 0000 4626 9856</b>		102595-02-M-1540	
PS Form 3811, February 2004		Domestic Return Receipt	



U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	<b>FEB 20 2008</b>
Certified Fee	<i>Complaint only</i>
Return Receipt Fee (Endorsement Required)	Postmark Here
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
<b>Michael Mukasey</b> <b>U.S. Attorney General</b>	
Sent To	950 Pennsylvania Ave. NW
Street, Apt. No., or PO Box No.	Washington D.C. 20530-0001
City, State, ZIP+4	

1925 6791 0000 0922 9002

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><b>Michael Mukasey</b> U.S. Attorney General 950 Pennsylvania Ave. NW Washington D.C. 20530-0001</p>		<p>A. Signature <b>X</b> <i>Michael Mukasey</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>FEB 26 2008</b> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label)</p> <p><b>7006 2760 0000 1619 5761</b></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
PS Form 3811, February 2004		Domestic Return Receipt	

102595-02-M-1540

U.S. Postal Service  
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 (Domestic Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage \$	<b>FEB 20 2008</b> Postmark Here (Complaint etc)
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Sent to **MICHAEL CHERTOFF**  
 U.S. Department of  
 Homeland Security  
 Street, Apt. No., or PO Box No. **Washington, D.C. 20528**  
 City, State, ZIP+4

PS Form 3811, August 2004 PSN 7530-01-000-9002

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Address</p> <p><b>MICHAEL CHERTOFF</b>  <b>U.S. Department of</b>  <b>Homeland Security</b>  <b>Washington, D.C. 20528</b></p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>MAR 3 2008</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p> <p>Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number          (Transfer from service label)</p> <p><b>7006 2760 0000 1619 5730</b></p>		<p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>	

0625 6797 0000 0922 9002

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**OFFICIAL USE**

**FEB 20 2008**  
 (Postmark Here)

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Sent To  
Robert Mueller III, Dir. of the FBI  
Street, Apt. No.,  
or PO Box No. 935 Pennsylvania Ave. NW  
City, State, Zip+4  
Washington D.C. 20535

PS Form 3800, July 1995 PSN 7530-01-000-9000 (See Reverse for Instructions)

2425 6791 0000 0922 9002